

**PERSONAL FINANCIAL STATEMENT****FORM PFS  
COVER SHEET  
PAGE 1**

Filed in accordance with chapter 572 of the Government Code.  
For filings required in 2019, covering calendar year ending December 31, 2018.  
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

PAGE #  
16ACCOUNT #  
00020155

1 NAME  The Honorable Nathan L.  ..... NICKNAME; LAST; SUFFIX Hecht		<b>OFFICE USE ONLY</b>  Date Received ELECTRONICALLY FILED 06/22/2019	
2 ADDRESS  P.O. Box 12248  Austin, TX 78711  <input type="checkbox"/> (CHECK IF FILER'S HOME ADDRESS)		Receipt #  HD / PM Amount  Date Processed	
3 TELEPHONE NUMBER  [REDACTED]		Date Imaged	
4 REASON FOR FILING STATEMENT  <input type="checkbox"/> CANDIDATE _____ (INDICATE OFFICE) <input checked="" type="checkbox"/> ELECTED OFFICER Chief Justice, Supreme Court (INDICATE OFFICE) <input type="checkbox"/> APPOINTED OFFICER _____ (INDICATE AGENCY) <input type="checkbox"/> EXECUTIVE HEAD _____ (INDICATE AGENCY) <input type="checkbox"/> FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT <input type="checkbox"/> STATE PARTY CHAIR _____ (INDICATE PARTY) <input type="checkbox"/> OTHER _____ (INDICATE POSITION)			

5 Family members whose financial activity you are reporting (see instructions).

SPOUSE \_\_\_\_\_

DEPENDENT CHILD 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

In Parts 1 through 18, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child (see instructions).

# SOURCES OF OCCUPATIONAL INCOME

## PART 1A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 INFORMATION RELATES TO	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
2 EMPLOYMENT <input checked="" type="checkbox"/> EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check if Filer's Home Address) EMPLOYER State of Texas ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 12248  Austin, TX 78711 POSITION HELD Chief Justice, Supreme Court
<input type="checkbox"/> SELF-EMPLOYED	NATURE OF OCCUPATION

# INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS

## PART 5

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

List each source of income you, your spouse, or a dependent child received in excess of \$500 that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 SOURCE OF INCOME  <input type="checkbox"/> Publicly held corporation	NAME AND ADDRESS  HM Investments, Ltd. ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 12248  Austin, TX 78711				
2 RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____				
3 AMOUNT	<input checked="" type="checkbox"/> \$500 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE				

SOURCE OF INCOME  <input type="checkbox"/> Publicly held corporation	NAME AND ADDRESS  Mewbourne Oil Co. ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 7698  Tyler, TX 75711				
RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____				
AMOUNT	<input checked="" type="checkbox"/> \$500 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE				

SOURCE OF INCOME  <input type="checkbox"/> Publicly held corporation	NAME AND ADDRESS  Read & Stevens ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 1518  Roswell, NM 88202				
RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____				
AMOUNT	<input checked="" type="checkbox"/> \$500 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE				

# PERSONAL NOTES AND LEASE AGREEMENTS

## PART 6

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of more than \$1,000 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Quicken Loans		
2 LIABILITY OF	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
3 GUARANTOR	NONE		
4 AMOUNT	<input type="checkbox"/> \$1,000 - \$4,999	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999
	<input checked="" type="checkbox"/> \$25,000--OR MORE		

# INTERESTS IN REAL PROPERTY

## PART 7A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 HELD OR ACQUIRED BY		<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____		
2 STREET ADDRESS		STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE [REDACTED]				
		<input type="checkbox"/> NOT AVAILABLE <input checked="" type="checkbox"/> CHECK IF FILER'S HOME ADDRESS [REDACTED]				
3 DESCRIPTION		NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 2.00000 lots Travis				
4 NAMES OF PERSONS RETAINING AN INTEREST		<input checked="" type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)				
5 IF SOLD		<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE
HELD OR ACQUIRED BY		<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____		
STREET ADDRESS		STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 1433 Lincoln Pl. Carrollton, TX 75006				
		<input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS				
DESCRIPTION		NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1.00000 lots Dallas				
NAMES OF PERSONS RETAINING AN INTEREST		<input checked="" type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)				
IF SOLD		<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE

# INTEREST IN BUSINESS ENTITIES

## PART 7B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

Describe all beneficial interests in business entities held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
2 DESCRIPTION	NAME AND ADDRESS <input type="checkbox"/> (Check if Filer's Home Address) HM Investments, Ltd. P.O. Box 12248 Austin, TX 78711
3 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE

**GIFTS****PART 8**

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

Identify any person or organization that has given a gift worth more than \$250 to you, your spouse, or a dependent child, and describe the gift. The description of a gift of cash or a cash equivalent, such as a negotiable instrument or gift certificate must include a statement of the value of the gift. Do not include: 1) expenditures required to be reported by a person required to be registered as a lobbyist under chapter 305 of the Government Code; 2) political contributions reported as required by law; or 3) gifts given by a person related to the recipient within the second degree by consanguinity or affinity. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 DONOR	NAME AND ADDRESS  City of Dallas  ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1500 Marilla Street  Dallas, TX 75201				
2 RECIPIENT	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____				
3 DESCRIPTION OF GIFT	parking				

DONOR	NAME AND ADDRESS  City of Austin  ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 301 W. 2nd Street  Austin, TX 78701
RECIPIENT	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION OF GIFT	parking

DONOR	NAME AND ADDRESS  Headliners Club  ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 221 W. 6th Street  Austin, TX 78701
RECIPIENT	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION OF GIFT	dues

# OWNERSHIP OF BUSINESS ASSOCIATIONS

## PART 11A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

Describe each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 5 percent or more of the outstanding ownership. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address)  HM Investments, Ltd. PO Box 12248  Austin, TX 78711		
2 BUSINESS TYPE	<input type="checkbox"/> Corporation <input type="checkbox"/> Firm <input checked="" type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Professional Corporation	<input type="checkbox"/> Professional Association <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other _____
3 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____

# ASSETS OF BUSINESS ASSOCIATIONS

## PART 11B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

Describe all assets of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address)  HM Investments, Ltd. PO Box 12248  Austin, TX 78711		
2 BUSINESS TYPE	Partnership		
3 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
4 ASSETS	DESCRIPTION oil & gas royalties	CATEGORY  <input checked="" type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999  <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000 OR MORE	

# BOARDS AND EXECUTIVE POSITIONS

## PART 12

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

List all boards of directors of which you, your spouse, or a dependent child are a member and all executive positions you, your spouse, or a dependent child hold in corporations, firms, partnerships, limited partnerships, limited liability partnerships, professional corporations, professional associations, joint ventures, other business associations, or proprietorships, stating the name of the organization and the position held. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 ORGANIZATION	HM Investments, Ltd.		
2 POSITION HELD	partner		
3 POSITION HELD BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____

# EXPENSES ACCEPTED UNDER HONORARIUM EXCEPTION

## PART 13

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

Identify any person who provided you with necessary transportation, meals, or lodging, as permitted under section 36.07(b) of the Penal Code, in connection with a conference or similar event in which you rendered services, such as addressing an audience or participating in a seminar, that were more than perfunctory. Also provide the amount of the expenditures on transportation, meals, or lodging. You are not required to include items you have already reported as political contributions on a campaign finance report, or expenditures required to be reported by a lobbyist under the lobby law (chapter 305 of the Government Code). For more information, see FORM PFS--INSTRUCTION GUIDE.

<b>1</b> PROVIDER	NAME AND ADDRESS  Legal Services Corp. 3333 K St. NW  Washington, DC 20007
<b>2</b> AMOUNT	\$1,299.03
PROVIDER	NAME AND ADDRESS  Nat'l Ctr. for State Courts 300 Newport Ave.  Williamsburg, VA 23185
AMOUNT	\$4,375.56
PROVIDER	NAME AND ADDRESS  Texas Ctr. for the Judiciary 1210 San Antonio St.  Austin, TX 78701
AMOUNT	\$2,649.92
PROVIDER	NAME AND ADDRESS  State Bar of Texas 1414 Colorado St.  Austin, TX 78701
AMOUNT	\$184.00
PROVIDER	NAME AND ADDRESS  American Law Institute 4025 Chestnut St.  Philadelphia, PA 19104
AMOUNT	\$1,820.20

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<b>1</b> PROVIDER	NAME AND ADDRESS  Houston Bar Ass'n 1111 Bagby St. #200  Houston, TX 77002
<b>2</b> AMOUNT	\$553.12
PROVIDER	NAME AND ADDRESS  American Academy of Arts & Sciences 136 Irving St.  Cambridge, MA 02138
AMOUNT	\$762.01
PROVIDER	NAME AND ADDRESS  University of Idaho 875 Perimeter Dr.  Moscow, ID 83844
AMOUNT	\$766.68
PROVIDER	NAME AND ADDRESS  University of Denver 2199 University Blvd.  Denver, CO 80208
AMOUNT	\$291.97
PROVIDER	NAME AND ADDRESS  NC Eq. Access to Justice Found. 217 E. Edenton St.  Raleigh, NC 27501
AMOUNT	\$495.10

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<b>1</b> PROVIDER	NAME AND ADDRESS  Southern Methodist Univ. P.O. Box 750162  Dallas, TX 75275
<b>2</b> AMOUNT	\$384.68
PROVIDER	NAME AND ADDRESS  Innovation Event Mgmt. 5508 W. Hwy. 290 Ste. 208  Austin, TX 78735
AMOUNT	\$473.95
PROVIDER	NAME AND ADDRESS  State of Texas P.O. Box 12248  Austin, TX 78711
AMOUNT	\$1,956.22
PROVIDER	NAME AND ADDRESS  Yale Univ. Yale University  New Haven, CT 06520
AMOUNT	\$793.85
PROVIDER	NAME AND ADDRESS  St. Mary's Univ. School of Law 1 Camino Santa Maris  San Antonio, TX 78228
AMOUNT	\$317.45

# EXPENSES ACCEPTED UNDER HONORARIUM EXCEPTION

## PART 13

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Identify any person who provided you with necessary transportation, meals, or lodging, as permitted under section 36.07(b) of the Penal Code, in connection with a conference or similar event in which you rendered services, such as addressing an audience or participating in a seminar, that were more than perfunctory. Also provide the amount of the expenditures on transportation, meals, or lodging. You are not required to include items you have already reported as political contributions on a campaign finance report, or expenditures required to be reported by a lobbyist under the lobby law (chapter 305 of the Government Code). For more information, see FORM PFS--INSTRUCTION GUIDE.

1 PROVIDER	NAME AND ADDRESS
	Univ. of Texas Permian Basin 4901 E. University Blvd.  Odessa, TX 78745
2 AMOUNT	\$949.04

# PERSONAL FINANCIAL STATEMENT

## PARTS MARKED "NOT APPLICABLE" BY FILER

FORM PFS

COVER SHEET

PAGE 2

On this page, indicate any Parts of Form PFS that are not applicable to you. If you do not place a check in a box, then pages for that Part must be included in the report. **If you place a check in a box, do NOT include pages for that Part in the report.**

### 6 PARTS NOT APPLICABLE TO FILER

- N/A Part 1A - Sources of Occupational Income
- N/A Part 1B - Retainers
- N/A Part 2 - Stock
- N/A Part 3 - Bonds, Notes & Other Commercial Paper
- N/A Part 4 - Mutual Funds
- N/A Part 5 - Income from Interest, Dividends, Royalties & Rents
- N/A Part 6 - Personal Notes and Lease Agreements
- N/A Part 7A - Interests in Real Property
- N/A Part 7B - Interests in Business Entities
- N/A Part 8 - Gifts
- N/A Part 9 - Trust Income
- N/A Part 10A - Blind Trusts
- N/A Part 10B - Trustee Statement
- N/A Part 11A - Business Associations
- N/A Part 11B - Assets of Business Associations
- N/A Part 11C - Liabilities of Business Associations
- N/A Part 12 - Boards and Executive Positions
- N/A Part 13 - Expenses Accepted Under Honorarium Exception
- N/A Part 14 - Interest in Business in Common with Lobbyist
- N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
- N/A Part 16 - Representation by Legislator Before State Agency
- N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
- N/A Part 18 - Legislative Continuances
- N/A Part 19 - Contracts with Governmental Entity
- N/A Part 20 - Bond Counsel Services Provided by a Legislator

# PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verified. Without proper verification, the statement is not considered filed.

The verification page on a personal statement filed electronically with the Texas Ethics Commission must have the electronic signature of the individual required to file the personal financial statement.

The verification page on a personal financial statement filed with an authority other than the Texas Ethics Commission must have the signature of the individual required to file the personal financial statement as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations.

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2018, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

The Honorable Nathan L. Hecht

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Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

---

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath